



## Benefit Charging Questionnaire - Employer

### Claimant Information:

Last Name: First Name: MI: SSN:

Employer Name: Employer Account #:

Under Section 1502 of the Illinois Unemployment Insurance Act, an employer's benefit wages shall be the wages paid by him which became benefit wages. Please provide information about the claimant's employment for the past 18 months.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

### Section A: Employment Information What is the name(s) of the claimant's employer(s) during the past 18 months?

List employer information starting with the most recent employer.

Employer Name:

Start Date: / / End Date: / / Total Days Worked: (including partial days)

Reason for Separation: Laid off Discharged Quit Labor Dispute Still Working Military Discharge

Work Location:

Additional Facts Related to the Employment (Comments)

Employer Name:

Start Date: / / End Date: / / Total Days Worked: (including partial days)

Reason for Separation: Laid off Discharged Quit Labor Dispute Still Working Military Discharge

Work Location:

Additional Facts Related to the Employment (Comments)

Employer Name:

Start Date: / / End Date: / / Total Days Worked: (including partial days)

Reason for Separation: Laid off Discharged Quit Labor Dispute Still Working Military Discharge

Work Location:

Additional Facts Related to the Employment (Comments)

### Section B: Signature

Signature:

Date:

Name: (printed)

Telephone Number:

Title:

Ext.: